**Type: Poster Presentation**

Final Abstract Number: 40.015
*Session: Antibiotic Resistance*
*Date: Thursday, April 3, 2014*
*Time: 12:45-14:15*
*Room: Ballroom*

## Serotype distribution and antibiotic susceptibilities of clinical Streptococcus pneumoniae strains

A. Kurt [1], N. Gonullu [2,*]

[1] *Istanbul University Cerrahpasa Faculty of Medicine, Turkey, Turkey*
[2] *Istanbul University Cerrahpasa Faculty of Medicine, Istanbul, Turkey*

**Background**: Theaim of our studywas to investigate the antimicrobial susceptibility and distribution of pneumococcal serotypes of S. pneumoniae strains isolated in our University Hospital.

**Methods & Materials**: In this study we evaluated 80 Streptococcus pneumoniae strains isolated from adults and children between September 2012 and September 2013. The isolates were obtained from sputum (n: 56), nose secretions (n: 4), throat swabs (n:1), blood (n:9), tracheal aspirat (n:2), eye secretion (n: 1), bronchoalveolar lavage (n: 6), biopsy (n: 1). 76 isolates were from adults and 4 were from children;

Antibiotis susceptibility testing to penicilin were performed on Mueller-Hinton agar supplemented with 5% sheep blood by the E-test method; erythromycin, clindamycin, vancomycin, chloramphenicol, tetracycline, ofloxacine, levofloxacin, trimethoprim/sulphomethoxazole, rifampin and linezolid susceptibilities by disc diffusion method.

**Results**: A total of 39/80 isolates (48.75%) were intermediate and 5/80 (6.25%) were resistant to penicillin according to CLSI guidelines for oral penicilin. Penicillin resistance was not found for parenteral penicillin. Resistance rates of erythromycin, clindamycin, vancomycin, chloramphenicol, tetracycline, ofloxacine, levofloxacin, sulphamethoxazole/trimethoprim, rifampin and linezolid were as 31.25%, 21.25%, 0%, 5%, 28.75%, 15%, 2.5%, 45%, 0% and 0% respectively. The most common S. pneumoniae serotypes were determined as serotypes 19, 6 and 23. Serotyping showed seroype 19 to be the leading serotype among the macrolide-resistant isolates and serotype coverage of 23-valent pneumococcal vaccine was 68.75%.

**Conclusion**: The increase in intermediate penicillin resistance in S. pneumoniae in our hospital should be monitored carefully and the distribution of pneumococcal serotypes is similar to countries where the PCV has been introduced.

http://dx.doi.org/10.1016/j.ijid.2014.03.604

**Type: Poster Presentation**

Final Abstract Number: 40.016
*Session: Antibiotic Resistance*
*Date: Thursday, April 3, 2014*
*Time: 12:45-14:15*
*Room: Ballroom*

## The susceptibility to colistin and tigecycline of carbapenem-resistant *Acinetobacter baumannii* isolates in Turkey

F. Koksal Cakirlar, N. Gonullu [*]

*Istanbul University Cerrahpasa Faculty of Medicine, Istanbul, Turkey*

**Background**: Carbapenem-resistant Acinetobacter baumannii has emerged as one of the most troublesome pathogens in the healthcare setting both globally and locally.

**Objectives**:The present study was conducted to investigate thecolistin and tigecycline susceptibility, pathogenic potential and nosocomial status of carbapenem-resistant *Acinetobacter baumannii* strains isolated from blood culture of hospitalized patients at Istanbul University Cerrahpasa Medical School hospital.

**Methods & Materials**: Between January 2012 and November 2013, atotal of 36carbapenem-resistant*Acinetobacter baumannii* strains were isolated from blood culture samples of patients with bacteremia who were hospitalized in intensive care units and in various departments of the hospital.

**Results**: Carbapenem-resistant*Acinetobacter baumannii* strains were highly resistant to ceftazidime, cefepime, ciprofloxacin, trimethoprim/sulfamethoxazole (89%), amikacin (81%), gentamicin, cefotaxime, piperacillin/tazobactam (78%) and tetracycline (94%). Colistin and tigecyclineresistance were not detected.

**Conclusion**: Significant effort must be made to prevent the spread of carbapenem-resistant *A.baumannii* strains and continuous monitoring of drug resistance is necessary in clinical settings.

http://dx.doi.org/10.1016/j.ijid.2014.03.605

**Type: Poster Presentation**

Final Abstract Number: 40.017
*Session: Antibiotic Resistance*
*Date: Thursday, April 3, 2014*
*Time: 12:45-14:15*
*Room: Ballroom*

## Etiology and antimicrobial susceptibility patterns of acute uncomplicated cystitis from primary care settings in Rwanda

C.M. Muvunyi [1,*], L. Mutesa [2], F. Masaisa [3], C. Bayingana [3]

[1] *National Reference Laboratory, Kigali, Rwanda*
[2] *Kigali University Teaching Hospital, Kigali City, Rwanda*
[3] *University of Rwanda, Huye, Rwanda*

**Background**: Acute uncomplicated urinary tract infection (UTI) is one of the most common acute bacterial infections seen in primary care. Appropriate empirical therapy relies on the predictability of these agents causing the infection and knowledge